ATTACHMENT 2 Page 1 of 3

EFFECTIVE DATE: OCTOBER 9, 2006



STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE –DIVISION OF INVESTIGATIONS
P.O. Box 95164, Lincoln, Nebraska 68509-5164
402-471-0175

HEALTH CARE PROFESSIONAL REPORTING ANOTHER HEALTH CARE PROFESSIONAL

IDENTIFYING INFORMATION FOR PERSON I AM REPORTING										
Name:	First:	Middle/MI	Last:		Maide	n:	Date of Birth:			
Work	Street:									
Address:	City:	State:	State: Zip			Zip:				
Home	Street:									
Address	City:	State:	State: Zip:							
Telephone	Home:			Work						
Field of Licensure: Nebraska License Number:										
A. I A	Gross incompe Practicing while Contro Alcoho Narco Physic	gligent conduct conduct s of laws or regulatence his/her ability to blled substances	ations governi	ng the practic						
B. I A	M IN A DIFFERENT	PROFESSION AN	ND IT IS NEC	ESSARY FO	R ME TO	REPORT				
	Gross incompetence Practicing while impaired (Check boxes in A above under Practicing while impaired)									

ATTACHMENT 2

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IDENTIFYING INFORMATION FOR PERSON MAKING THE REPORT

Name:	First:	Middle/MI	Last:	Maide	en:					
Work	Street:									
Address:	City:	State:			Zip:					
Home Address	Street:									
	City:		State:		Zip:					
Telephone	Home:	Work:		Cell:						
E-mail:										
Preferred Contact Number:										
INFORMATION TO REPORT										
Act, omission or conduct being reported										
Date of occ	urrence									
01-1-1-										
Statute, or	regulation believed to have beer	n violated, if i	Known							
Where did i	t occur?									
Description	of conduct and facts surround	ing it								
;										
Nature of any injury, damage, illness, detriment or loss that resulted from the conduct, act or omission										
					·					

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Names, addresses and telephone numbers of all persons present				
Your relationship to the person you are reporting				